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95 MAY -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710877** (2)

1. Corporation Name

VENICE CHAPTER #372 CHAPTER OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC

Principal Place of Business

Mailing Address

629 PINELAND AVE.
VENICE FL 34292

629 PINELAND AVE.
VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/12/1966** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-6194162** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZEILER, AGNES F
829 PINELAND AVE.
VENICE FL 34292**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	ORVILLE, JAMES
STREET ADDRESS	1291 COVEY CT.
CITY - ST - ZIP	VENICE FL 34292
TITLE	D
NAME	WESTLAND, IRENE
STREET ADDRESS	210 FIELD AVE. E.
CITY - ST - ZIP	VENICE FL 34285
TITLE	TD
NAME	ZEILER, AGNES F
STREET ADDRESS	829 PINELAND AVE.
CITY - ST - ZIP	VENICE FL 34292
TITLE	P
NAME	CHAY, EDMUND
STREET ADDRESS	401 SIGNORELLI DR
CITY - ST - ZIP	NOROMIS FL 34275
TITLE	S
NAME	WRIGHT, EDNA
STREET ADDRESS	519 ALBEE FARM RD.
CITY - ST - ZIP	VENICE FL 34292
TITLE	D
NAME	MCCALL, BETTY
STREET ADDRESS	275-B MISSION TRAIL W.
CITY - ST - ZIP	VENICE FL 34292

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mansfield, Harrison	
1.3 STREET ADDRESS	730 Apalachicola Rd. #102	
1.4 CITY - ST - ZIP	Venice, FL 34285	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Agnes F. Zeiler **AGNES F. ZEILER** 4/8/95 813-488-5346
Signature and Typed or Printed Name of Signing Officer or Director Date (Month Year)